

## VOCATIONAL ASSESSMENT PROFILE

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

### CAREER INTERESTS:

Inventory Administered: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner: \_\_\_\_\_ Position: \_\_\_\_\_

High Interest Areas: \_\_\_\_\_

Moderate Interest Areas: \_\_\_\_\_

Low Interest Areas: \_\_\_\_\_

1. Has student expressed an interest in a specific career field?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify: \_\_\_\_\_

2. Has student expressed a dislike for a specific career? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify: \_\_\_\_\_

3. What hobbies/interests does the student pursue during personal time?

\_\_\_\_\_  
\_\_\_\_\_

### VOCATIONAL EXPERIENCES SCHOOL COURSES:

Has the student participated in any of the following courses/classes:

Course	Has student met minimum competencies?		Has student demonstrated Interest?	
CWE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marketing Ed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vocational Agriculture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vocational Ed. Classes:				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business Ed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family & Consumer Sciences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:				
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## UNFAID VOCATIONAL EXPERIENCES:

Has the student participated in any UNPAID career exploration or job shadowing opportunities in the school or community?

[illegible]

# WORK HISTORY – PAID WORK EXPERIENCES

(Attach training plans, Evaluations if available)

Place of Work	Position Held	Date(s)	Did the student like this type of work?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: \_\_\_\_\_

## BEHAVIORAL/SOCIAL:

	Excellent	Good	Fair	Poor
School Attendance				
Commitment to school-related responsibilities				
Independence in follow-through of assigned tasks				
Ability to accept constructive criticism				
Interpersonal Relations with Peers				
Interpersonal Relations with Adults				
Personal Hygiene				
Other:				
Other:				

Comments: \_\_\_\_\_

## MEDICAL:

1. Is there any known medical conditions that may prevent regular attendance at school? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

2. Is there any known medical condition that may prevent student from performing specific jobs/tasks at work (i.e. lifting, bending, full schedule, etc.) ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_



## MEDICAL (continued)

3. Is the student taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, does this medication need to be administered during the school/  
workday? \_\_\_\_\_ Yes \_\_\_\_\_ No

## LEARNING PREFERENCES:

1. By which mode(s) does the student receive and retain information most efficiently?

\_\_\_\_\_ Auditory \_\_\_\_\_ Visual \_\_\_\_\_ Hands-On \_\_\_\_\_ Other

2. Summarize Learning Preference Strengths:

- :  
- :

3. Summarize Learning Preference Weaknesses:

- :  
- :

4. What specific accommodations would be required to ensure success in a work environment?

- :  
- :

## INTERAGENCY REFERRALS:

Agency	Referral Needed	In Process	Accepted
Bureau of Rehabilitation Services (BRS)			
Department of Mental Retardation (DMR)			
Department of Mental Health and Addiction Services (DMHAS)			
Board of Education and Services for the Blind (BESB)			
Community Mental Health Agency:			
Community Job Training/Employment Agency:			
Disability Services Office at Postsecondary Institution			
Other: _____			

## ADDITIONAL:

1. Does the student have a social security number (needed for work) \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify SS#: \_\_\_\_\_

2. Does the student receive any federal/state financial assistance that might be jeopardized if employment is secured (SSI, SSDI, Title XIX, etc)? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify benefits: \_\_\_\_\_

3. Does the student have a driver's license: \_\_\_\_\_ Yes \_\_\_\_\_ No

4. List towns/communities which would be acceptable for employment:

- -  
- -

## SUMMARY:

**VOCATIONAL AND COMMUNITY STATED GOALS** (Comments on higher education, employment, training, living, community participation, needs aspirations):

Student: \_\_\_\_\_

Parent: \_\_\_\_\_

School: \_\_\_\_\_

**VOCATIONAL IMPLICATIONS** (Include vocational, academic, behavioral, medical, learning styles, transportation, etc.)

Strengths: \_\_\_\_\_

Barriers: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Position: \_\_\_\_\_

Date(s): \_\_\_\_\_

## CAREER AND EMPLOYMENT SKILLS LIST

### CAN YOU:

1. Identify your future career or work choices or interests?
2. Describe current/future career and employment trends?
3. Identify your training needs for reaching your vocational goals?
4. Identify and get information from places that provide the type of education or training you desire?
5. Identify and get information on vocational training institutions and programs?
6. Identify the prerequisites needed to enter the education or training program you desire?
7. Describe cost and time for successfully completing a training or degree program?
8. Identify and contact agencies or resources for financial assistance?
9. Identify possibilities for entry-level jobs (first part-time job)?
10. Successfully complete a job or training application?
11. Prepare a resumé?
12. Perform well in a job or training interview?
13. Present a good work image (e.g., dress appropriately, be neat, keep work area clean)?
14. Work independently?
15. Get along well with a boss and co-workers?
16. Accept criticism?
17. Work well with customers?
18. Attend work and be on time?
19. Be on time for work assignments?
20. Organize your work time and materials?
21. Consistently complete work at an acceptable rate with few errors?
22. Seek extra help if you are having trouble with a job assignment?
23. Follow work place policies, directions, and rules?
24. Use tools and equipment safely and "troubleshoot" if they are not working?
25. Terminate a job appropriately and know what to do if you're laid off?

This *Skills List* can be modified based on your students' grade or developmental level.



# Job Search Asset Checklist

Name \_\_\_\_\_ Date \_\_\_\_\_

Please respond to the following statements by making a checkmark in the "Yes" or "No" or "Not Sure" column.	Yes	No	Not Sure
1. I can fill out a job application accurately and completely.			
2. I can prepare a good quality resume and cover letter.			
3. I know how to research job opportunities in my local labor market.			
4. I know how to do an informational job interview.			
5. I know how to network with friends and acquaintances to find a job.			
6. I know how to make cold calls to employers to uncover job leads.			
7. I know how to dress for a job interview and make a good impression.			
8. I have good job interviewing skills and can handle <u>tough</u> questions.			
9. I know how to follow-up with an employer after a job interview.			
10. I know what's <u>most</u> important to an employer.			
11. I had a good attendance record in my past jobs.			
12. I had a good punctuality record in my past jobs.			
13. I was known for having a positive attitude in my past jobs.			
14. I was known for being self-motivated in my past jobs.			
15. I was known for being honest and trustworthy in my past jobs.			
16. I worked well with supervisors and coworkers in my past jobs.			
17. I followed directions well in my past jobs.			
18. I took constructive criticism well in my past jobs.			
19. I was a hard worker in my past jobs.			
20. I was a good team player in my past jobs.			
21. I used good time management skills in my past jobs.			
22. I am able to pass an employer's drug test.			
23. I received good performance evaluations in my past jobs.			
24. I have positive references from past employers.			
25. I have never left a job without giving adequate notice.			

Student Signature \_\_\_\_\_